

Name  
in  
Full

CERTIFICATE OF DEATH

Edyra Acton

Town

County

MARYLAND

Died March 11 1906

Date of death 1906

Month

Day

Age

Years

Months

Days

Sex Female

Color or Race

White

Birthplace

Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Theodore G. Acton

Father's Birthplace

Maryland

Mother's Maiden Name

Ida M. Remuse

Mother's Birthplace

"

Name of person giving information

Ida M. Acton

How related to deceased

Mother

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. V. Lunt

Address

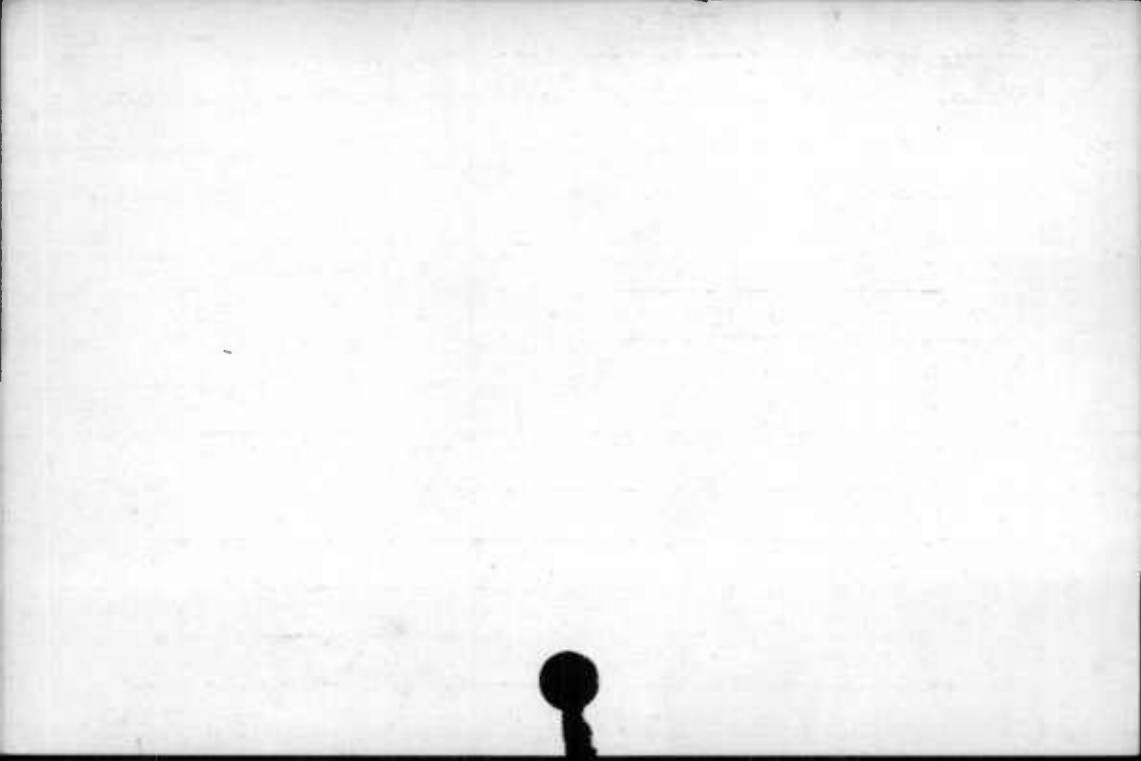
Piscataway Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

151



Name  
in  
Full

Roderick Addison

CERTIFICATE OF DEATH

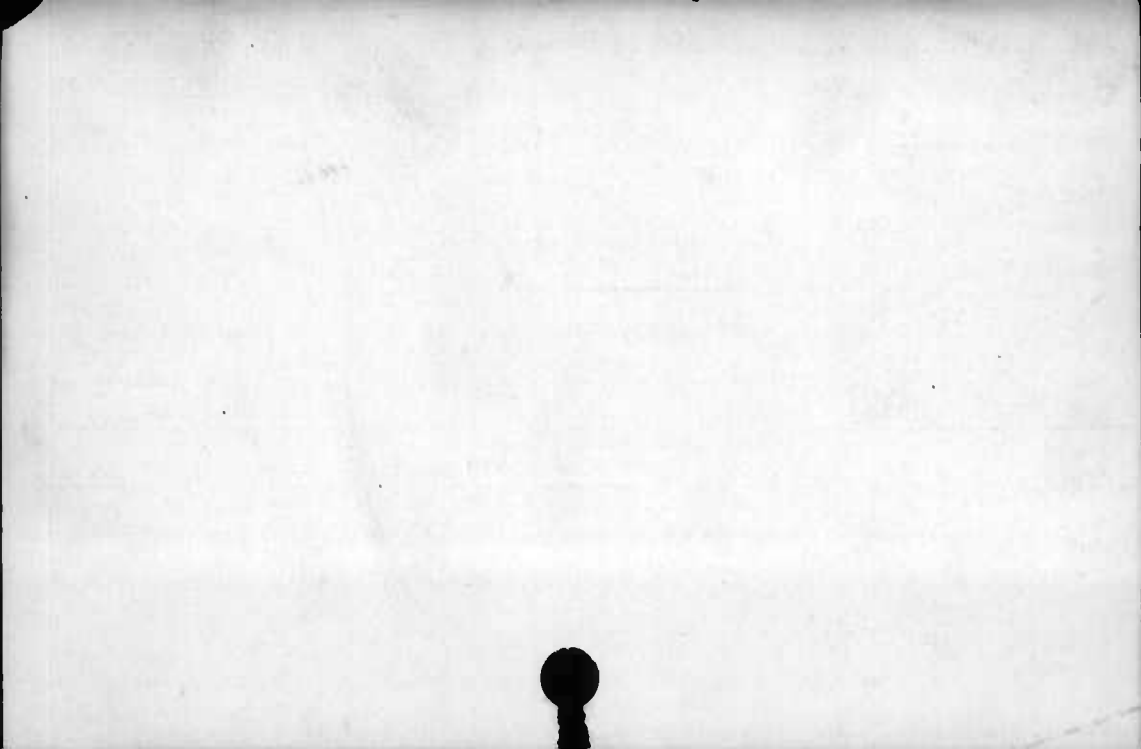
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Forestville</u> <small>Town</small>			<u>Pr. Ches.</u> <small>County</small>			MARYLAND		
Date of death <u>1906</u>		<u>June</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>60</u> <small>Years</small>	<u>—</u> <small>Months</small>		<u>—</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Md.</u>				
Occupation <u>Laborer</u>				Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Elizabeth Addison</u>						
Father's Name <u>George Addison</u>				Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>				
Name of person giving information <u>Edward Lunter</u>				How related to deceased <u>Step-son</u>				

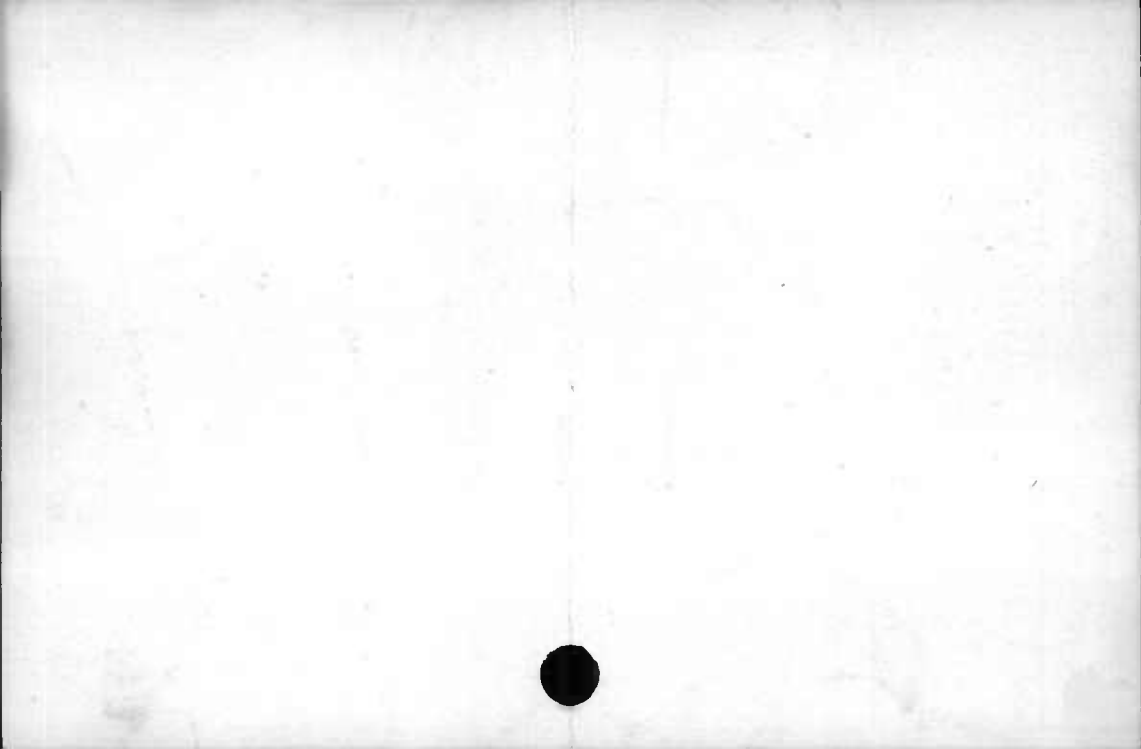
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

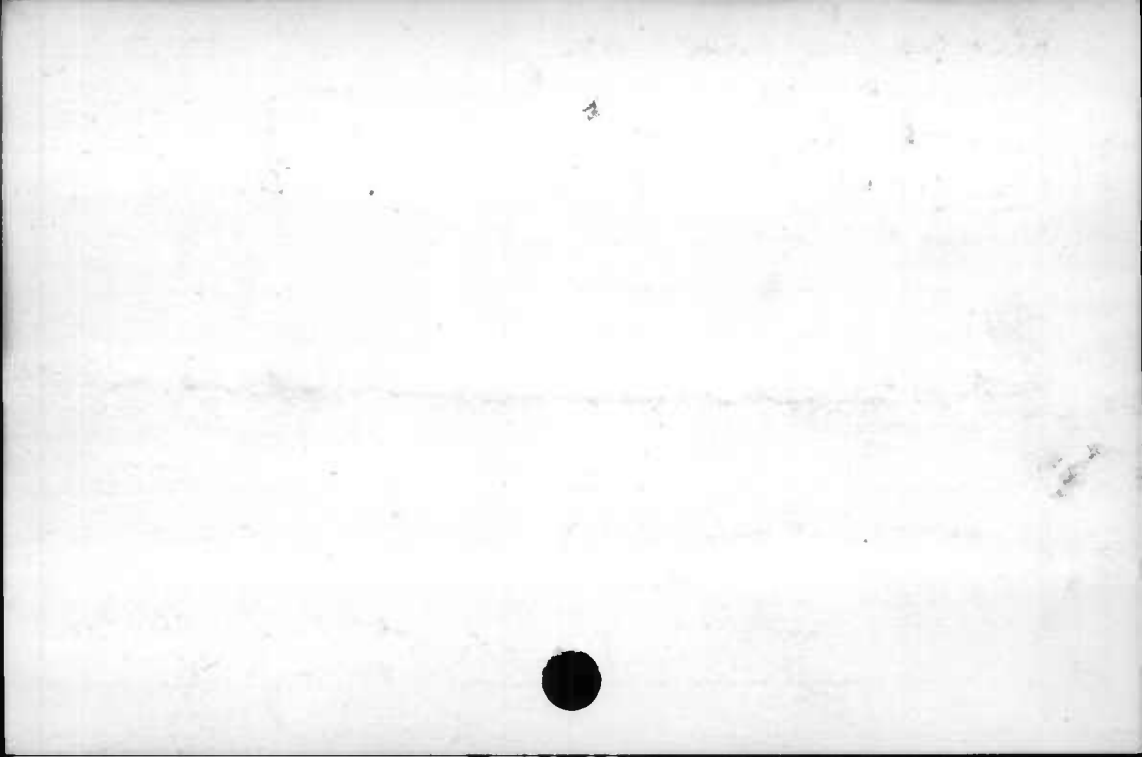
Primary	<u>Apoplexy</u> <u>(64)</u>	How long	<u>15 min</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John E. Sanborn</u>	
		Address <u>Forestville, Md.</u>	
Accident or Suicide?			



Name in Full		Cornelius Ball				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1906		1	23	—	5	—
	Sex		Color or Race		Birth-place		
	Female		Colored		Pr. Geo. Co.		
	Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Charles Ball				Father's Birthplace	
Mother's Maiden Name		Olive Jackson				Mother's Birthplace	
Name of person giving information		George Lewis				How related to deceased	
		home					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Dysentery			How long	
						2 weeks	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
						Address	
					Harry Haller, M.D.		
					Bucke, Ind.		
Accident or Suicide?		V					



Name in Full		EDWARD BARTLEY				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Laurel		County Prince Geo. Co.		MARYLAND	
	Date of death	1906	Month Jan.	Day 13	Age 64	Years —	Months —	
	Sex	Male		Color or Race	White		Birth-place Prince Geo. Co.	
	Occupation	Laborer			Where Residing if not at place of death			
	Married, Single or Widowed	Widower		Name of Wife or Husband	Gennie Scott. Mary Winsey			
	Father's Name	John Bartley			Father's Birthplace	Prince Geo. Co.		
	Mother's Maiden Name	Ann White			Mother's Birthplace	Prince Geo. Co.		
Name of person giving information		James Bartley			How related to deceased		Brother.	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Hepatic enlargement			How long		One year
	Immediate		Cardiac failure due to Hepatic engorgement & renal insufficiency			How long		Two weeks.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Wm. E. E. Tyson M.D.	
					Address		Laurel	
	Accident or Suicide?						Prince Geo. Co. Md.	





Name  
in  
Full

Homer M Basum

## CERTIFICATE OF DEATH

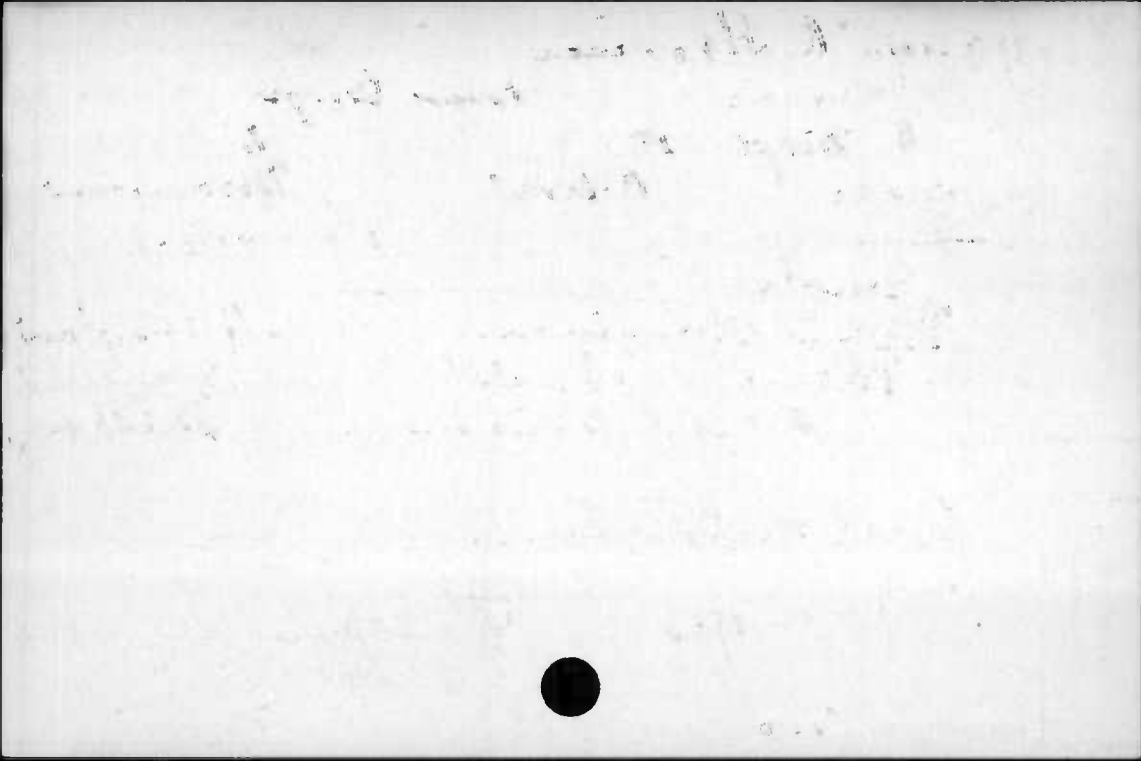
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bowie</u> Town		<u>Prince Georges</u> County		MARYLAND	
Date of death	<u>1906</u> Month <u>Jan</u>	Day <u>29</u>	Age <u>27</u> Years	Months <u>10</u>	Days <u>26</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Mou</u>
Occupation	<u>farmer</u>		Where Residing if not at place of death <u>Near Bowie</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Levi Basum</u>			Father's Birthplace	<u>Dont Know</u>
Mother's Maiden Name	<u>Ellen C Martin</u>			Mother's Birthplace	<u>Virginia</u>
Name of person giving information	<u>Jamer L Basum</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

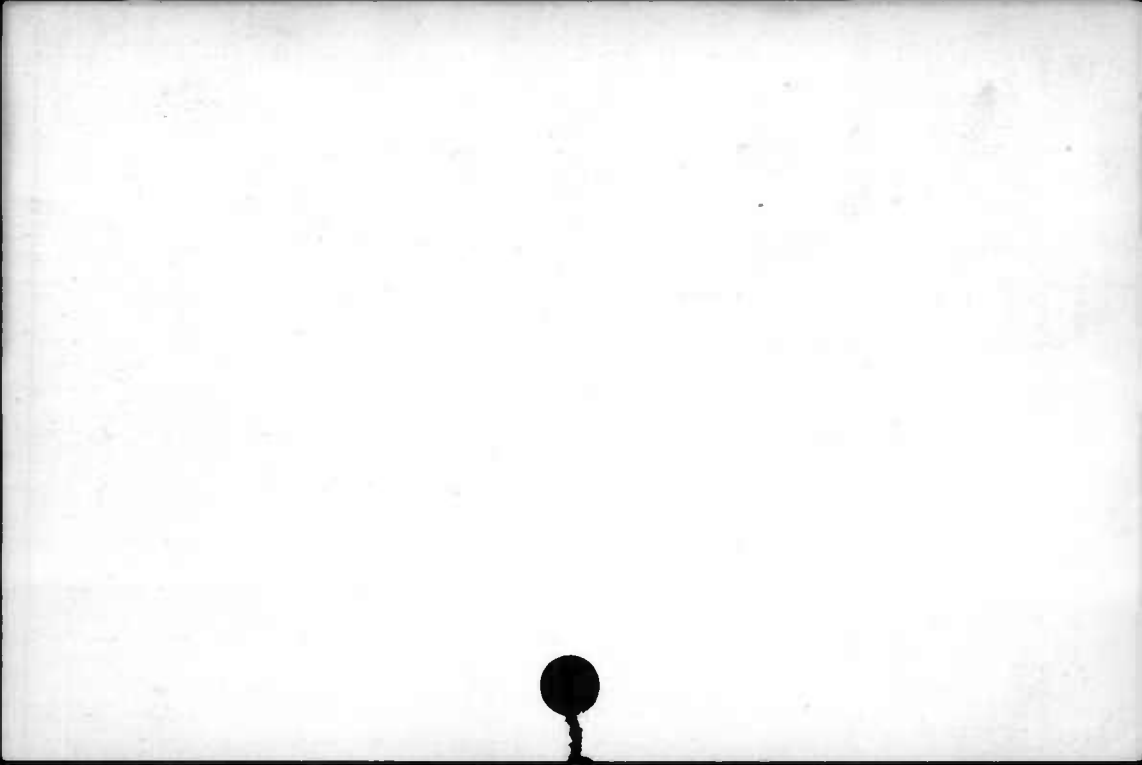
Primary	<u>Struck by train on Penn RR</u>	How long	<u>Instantaneous</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Joseph Nickolam</u>	
		Address <u>Bowie</u>	
		<u>Coroner</u>	
Accident or Suicide?		<u>md</u>	



Name in Full <b>John Robert Doone</b>		CERTIFICATE OF DEATH	
Died <sup>Town</sup> <b>near Aquasco</b>		<sup>County</sup> <b>Prince George</b>	
Date of death <b>1906 Jan. 14</b>		Age <b>45</b>	
Sex <b>Male</b>		Color or Race <b>Mulatto</b>	
Occupation <b>Wagon driver</b>		Where Residing if not at place of death <b>at home</b>	
Married, Single or Widowed		Name of Wife or Husband <b>Matilda</b>	
Father's Name <b>Charles A. Boone</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>Elizabeth Butler</b>		Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>Charles A. Boone</b>		How related to deceased <b>Brother</b>	

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <b>Constipation for a long time</b>	How long
	Immediate <b>autoinfection</b>	How long <b>Six days</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Mrs. A. Masbury</b>
		Address <b>Aquasco</b>
Accident or Suicide? <input checked="" type="checkbox"/>		<b>Maryland</b>



Name

in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

*Mrs. Anna Augusta Borcharding* Town *Pr. Geo. Co.* County **CERTIFICATE OF DEATH**  
*Johanna Christine* MARYLAND

Died at *Quitland* Month *January* Day *14th* Years *88* Months *4* Days *19*

Date of death *1906* Month *January* Day *14th* Years *88* Months *4* Days *19*

Sex *Female* Color or Race *White* Birth-place *Berlin, Germany*

Occupation *Housewife* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Widowed* Name of Wife or Husband *\_\_\_\_\_*

Father's Name *Kingel* Father's Birthplace *Germany*

Mother's Maiden Name *\_\_\_\_\_* Mother's Birthplace *Germany*

Name of person giving information *J. Borcharding* How related to deceased *Son*

## CAUSES OF DEATH

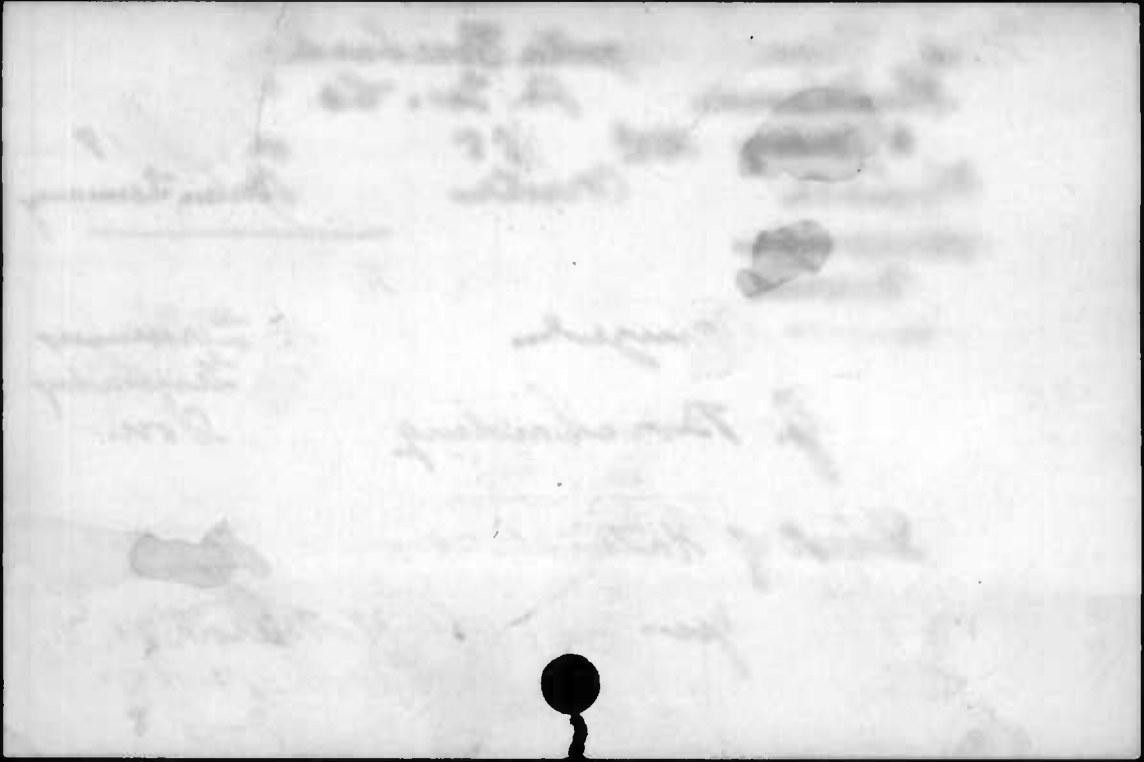
Primary *Died of natural causes* How long *\_\_\_\_\_*

Immediate *\_\_\_\_\_* How long *\_\_\_\_\_*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. N. Mayo, M. D.*

Address *Good Hope, D. C.*

Accident or Suicide? *\_\_\_\_\_*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Josephine Braddy* Town *Meadows* County *D.C.*

Died at *Meadows* Date of death *1906* Month *Jan'y* Day *15* Age *30* Years Months *-* Days *-*

Sex *Female* Color or Race *Black* Birth-place *-*

Occupation *Housekeeper* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *John Braddy*

Father's Name *Butler* Father's Birthplace *Chas Co*

Mother's Maiden Name *Fielder Cabnet* Mother's Birthplace *134*

Name of person giving information *Fielder Cabnet* How related to deceased *none*

## CAUSES OF DEATH

Primary *Vomiting of Pregnancy* How long *2 mos*

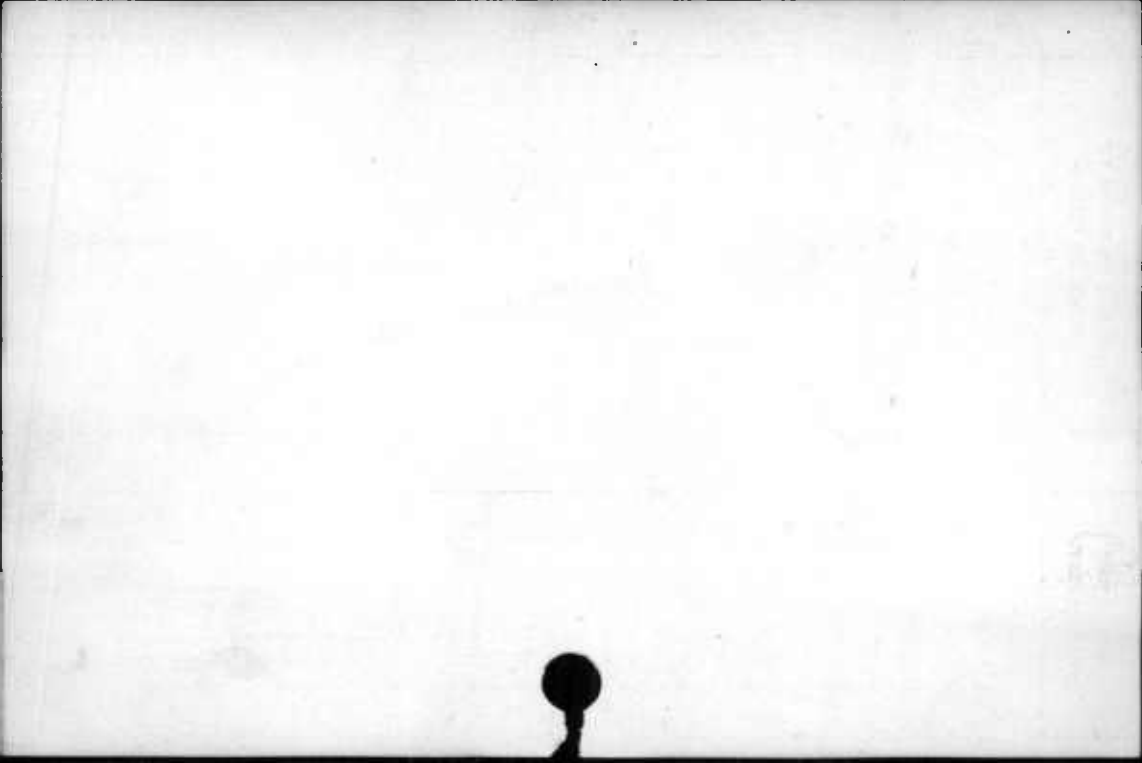
Immediate *Abortion* How long *-*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr Griffith*

Address *Upper Warehouse Ym*

Accident or Suicide?





Name  
in  
Full

Katie Dawghlity Brady

## CERTIFICATE OF DEATH

Died at		Town Woodmore		County Prince George		MARYLAND	
Date of death		Month Jun	Day 7	Years 25	Months —	Days —	
Sex Female	Color or Race White		Birth-place Maryland				
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Connick Brady					
Father's Name Robert Moore		Father's Birthplace Balto. Md.					
Mother's Maiden Name Virginia Wardell		Mother's Birthplace " "					
Name of person giving information Connick Brady		How related to deceased Husband					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Puerperal convulsions	How long	26 hours
	Immediate	Toxemia	How long	26 hours.
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		Dr. A. R. Walker	
		Address		Balto. Md.
Accident or Suicide?		—		



Name  
in  
Full

Marion Douglas Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hyattsville* <sup>Town</sup>

*Pr Geo* County

Date of death *1906 Jan*

Day *16*

Years *67*  
Age

Months *2*

Days *16*

Sex *Female*

Color or  
Race

*White*

Birth-  
place

*Montgomery Co Md*

Occupation

Where Residing if not  
at place of death

~~Married, Single~~  
☒ Widowed

Name of Wife or  
Husband

*Alonzo M Buck*

Father's  
Name

*Archibald Orme Douglas*

Father's  
Birthplace

*Va*

Mother's  
Maiden Name

*Priscilla Johns*

Mother's  
Birthplace

*Md*

Name of person giving  
Information

*Sister Mrs J D Bucher*

How related  
to deceased

CAUSES OF DEATH

Primary

*La Grippe*

How long

*2 weeks*

Immediate

*Pneumonia*

How long

*1 day*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

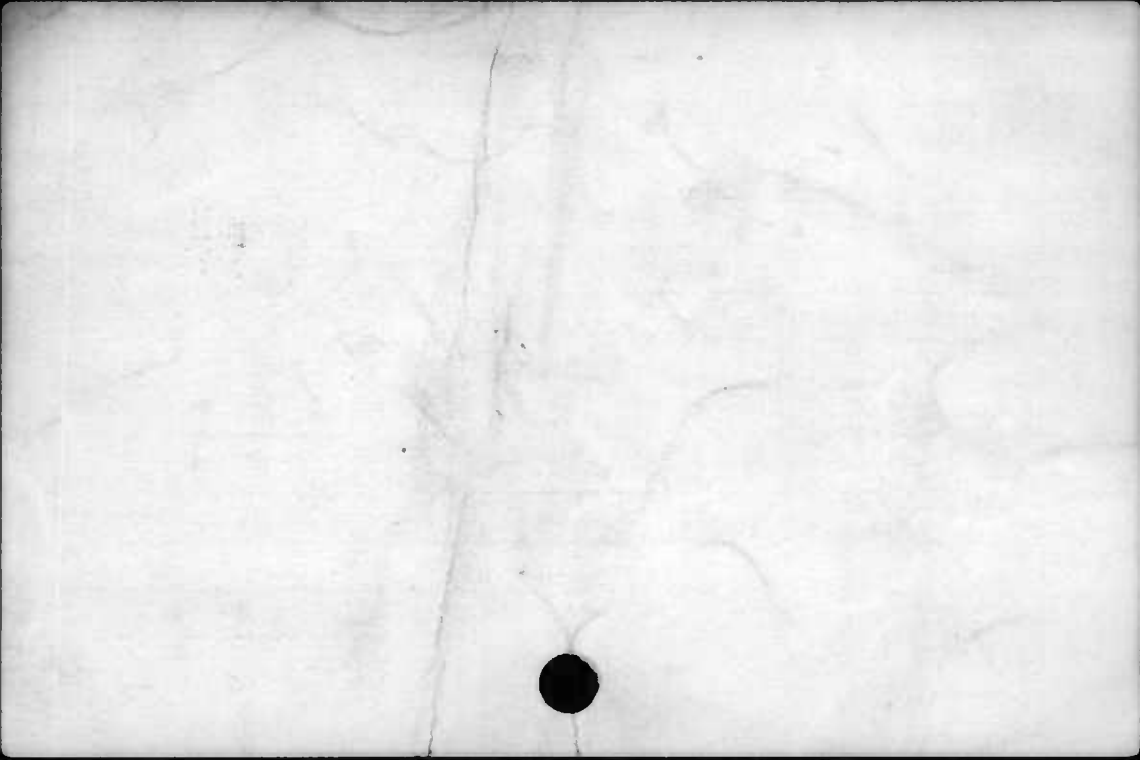
Address

*J D Park*

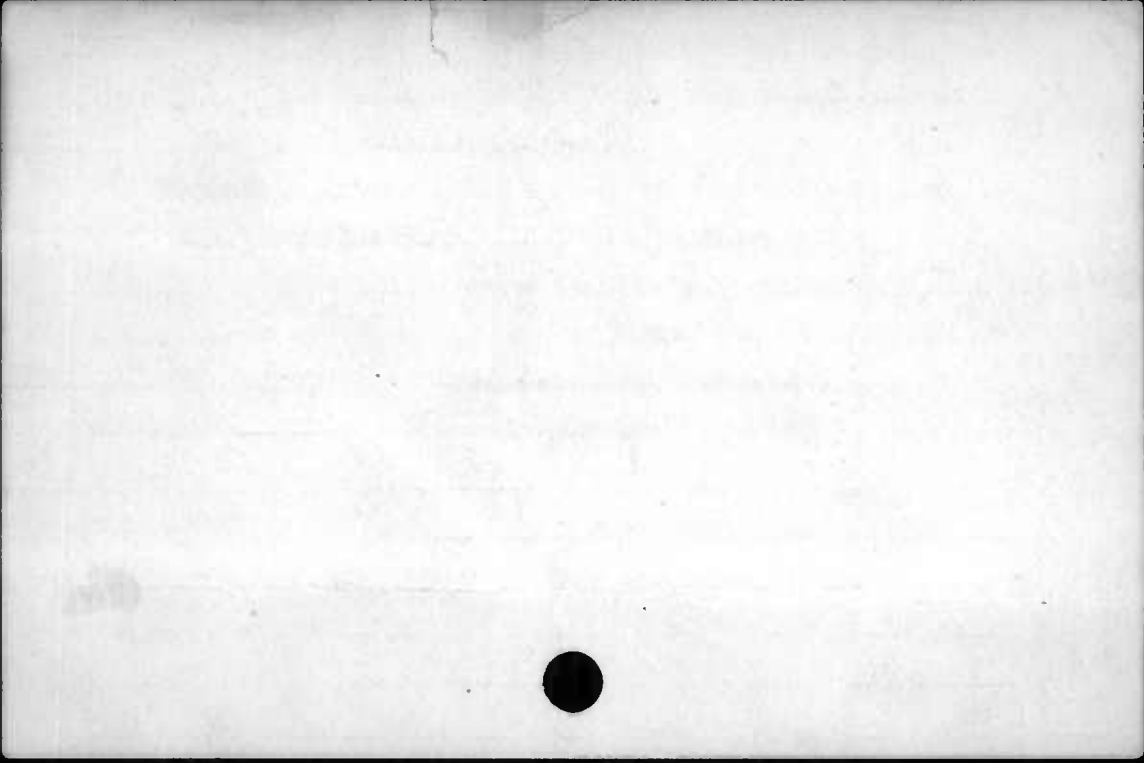
*Hyattsville*

*Md*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
Mary Clark.		Town Bennelworth.		County Prince Geo	
Died at		MARYLAND			
Date of death		1906	Month Jan	Day 31	Age —
Sex Female		Color or Race white		Months 3	Days —
Occupation		Birth- place D. C.		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Benj Clark.		Father's Birthplace M. d			
Mother's Maiden Name Martha Helcopen		Mother's Birthplace M. d			
Name of person giving In formation Benj. Clark.		How related to deceased Father.			
CAUSES OF DEATH					
Primary Spinal Meningitis (61)		How long 3mo			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Guy W. Hattner			
Yes		Address Hattenville Md			
Accident or Suicide?		Neither			



Name  
in  
Full

## CERTIFICATE OF DEATH

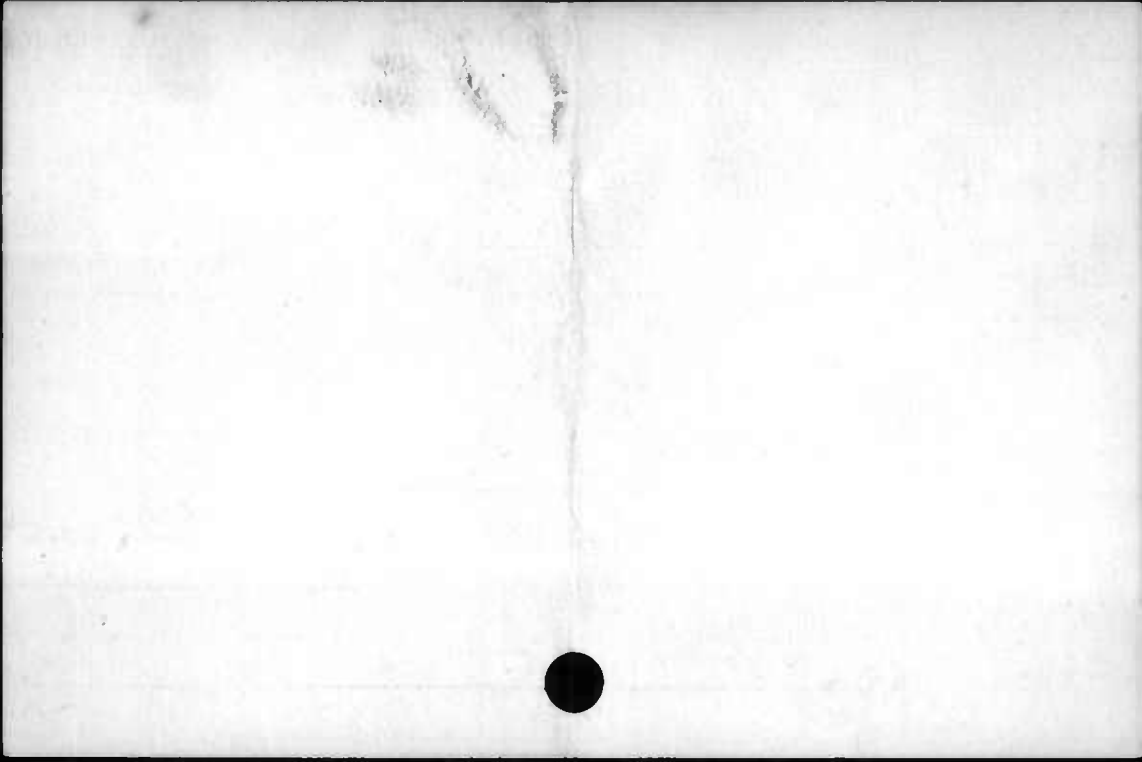
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Louise Wood Compton</i>		Town <i>Aquasco</i>		County <i>Dr. Davis</i>		MARYLAND	
Died at		Month <i>1</i>		Day <i>12</i>		Years <i>41</i>	
Date of death 190 <i>6</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Croome Ind</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of wife or Husband <i>Henry Compton</i>							
Father's Name <i>Peter Wood</i>		Father's Birthplace					
Mother's Maiden Name <i>Margaret Skinner</i>		Mother's Birthplace					
Name of person giving information <i>Henry Compton</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Thrombosis</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Mortimer Brown</i>
	Address <i>Aquasco Ind</i>
Accident or Suicide? <i>No</i>	





Name in Full

Certificate of Death

Sarah E. Davidge

Died at <sup>Town</sup> Bladensburg. <sup>County</sup> Pr. Geo. Co MARYLAND

Date 189 6 <sup>Month</sup> Jun <sup>Day</sup> 10 <sup>Y.</sup> 28 <sup>M.</sup> 2nd <sup>D.</sup> Amesbury <sup>Native of</sup> Amesbury <sup>Ocupation</sup>

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband of Nelson Davidge

Wife Peter Brown

Father's Name Peter Brown Mother's Name Louisa Brown (deceased)

Cause of Death { Primary Cold Immediate Pneumonia } (93) How long sick 93

Accident, Suicide, Homicide

Reported by J. C. Chlenhorf, M.D.

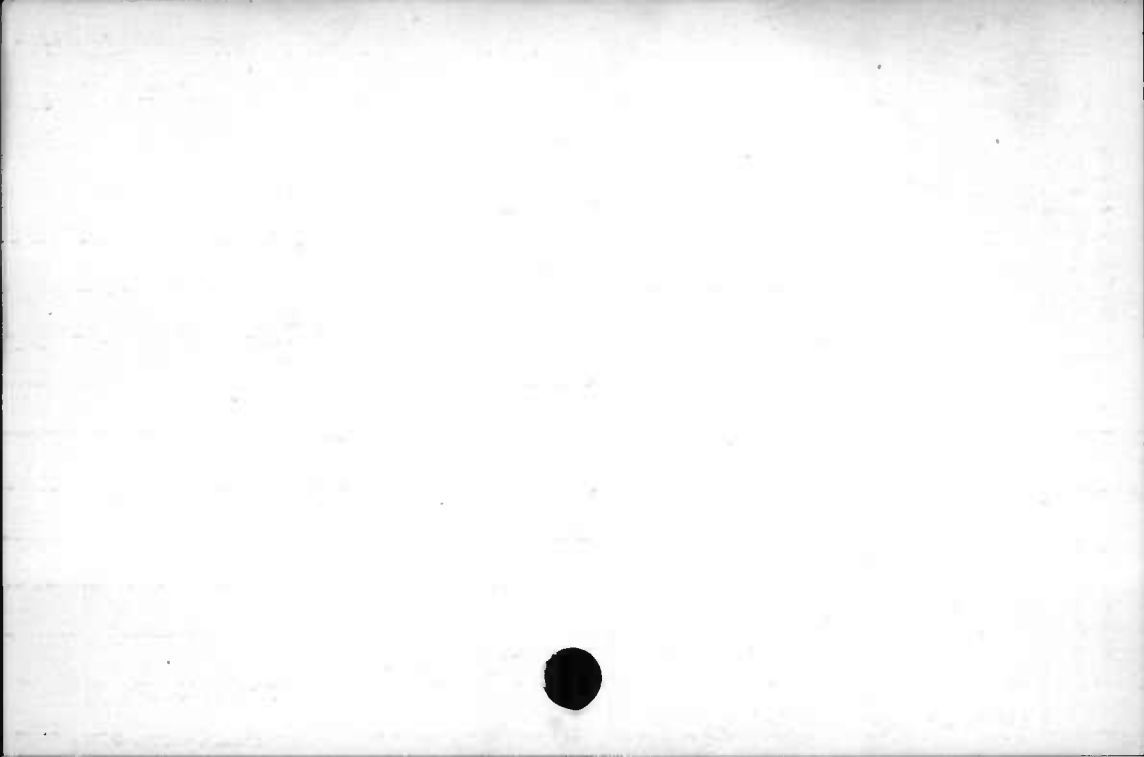
Address Bladensburg, Pr. Geo. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1851  
J. S. 1851



Name in Full <b>Davis</b>		CERTIFICATE OF DEATH			
Died at <sup>Town</sup> <b>or near Brandywine</b>		<sup>County</sup> <b>Prince Georges</b>		<b>MARYLAND</b>	
Date of death <b>1906</b>	Month <b>1</b>	Day <b>8</b>	Age <b>Still birth</b>	Years	Months Days
Sex <b>Male</b>	Color or Race <b>Colored</b>		Birth-place <b>near Brandywine</b>		
Occupation <b>none</b>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <b>George E. Davis</b>			Father's Birthplace <b>Pr. Geo. Co. Md.</b>		
Mother's Maiden Name <b>Maggie Johnson</b>			Mother's Birthplace " " " "		
Name of person giving information <b>George E. Davis</b>			How related to deceased <b>father</b>		
CAUSES OF DEATH					
Primary <b>Still birth</b>			How long		
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
<b>yes</b>			Coroner <b>William H. Squires, J.P.</b>		
			Address <b>and acting Coroner, Brandywine, Md.</b>		
Accident or Suicide?					



Name  
in  
Full

Frank Fairish

## CERTIFICATE OF DEATH

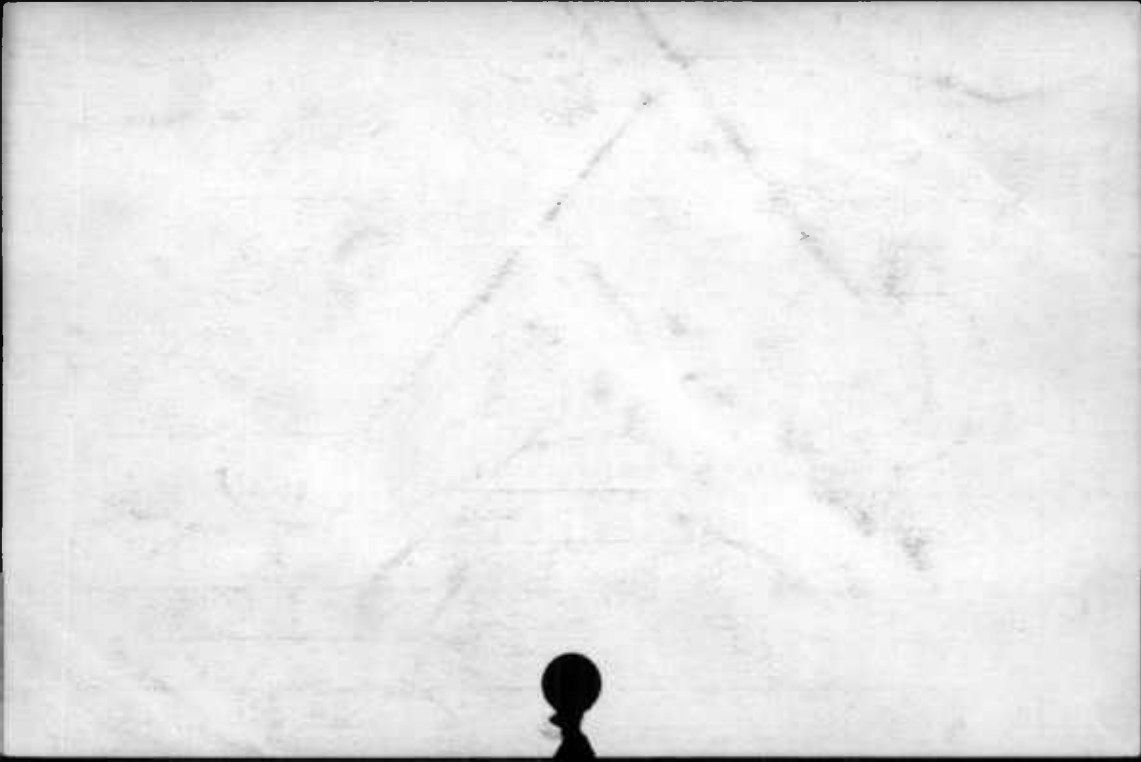
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lanham Md</u> <sup>Town</sup>		<u>Prince George</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Year</sup>	<u>Jan</u> <sup>Month</sup>	<u>18<sup>th</sup></u> <sup>Day</sup>	Age <u>47</u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u>18</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Washington D.C.</u>		
Occupation <u>Printer</u>	Where Residing if not at place of death <u>Lanham, Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Maud H. Fairish</u>				
Father's Name <u>Wm H Fairish</u>	Father's Birthplace <u>Fredericksburg Va</u>		Mother's Birthplace <u>North Carolina</u>		
Mother's Maiden Name <u>Marcialena Fairish</u>	Name of person giving information <u>Mr R L Danner</u>		How related to deceased <u>Sister</u>		

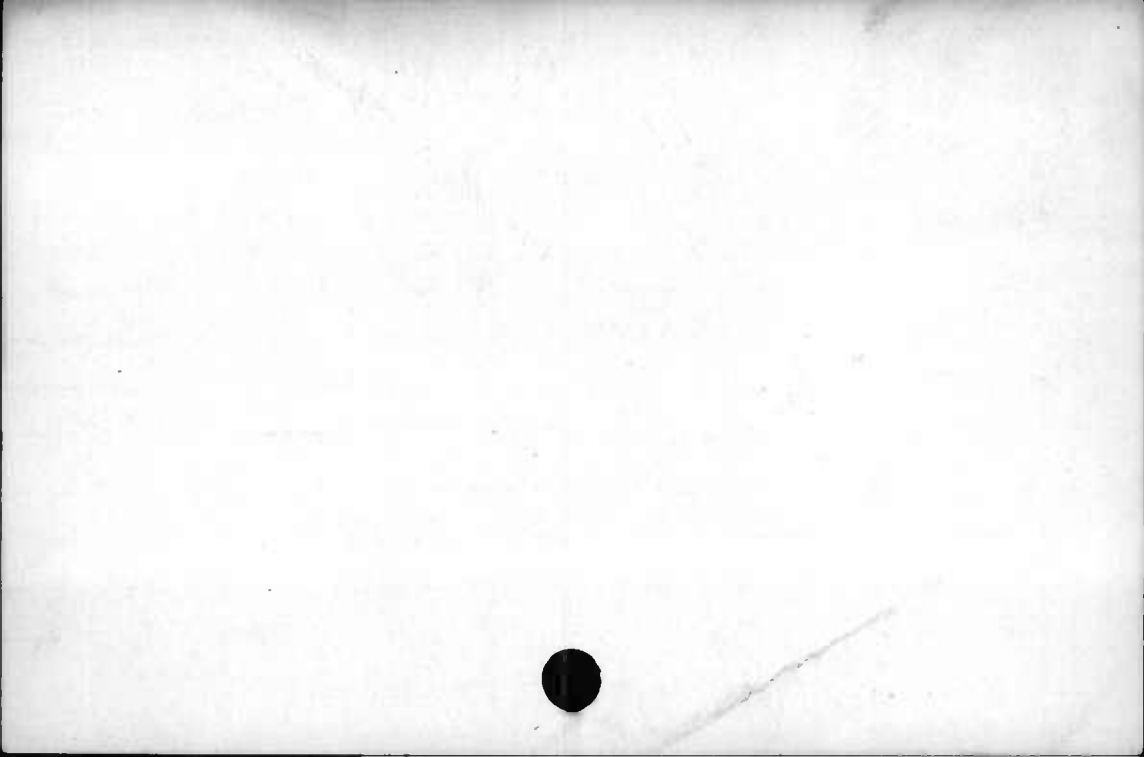
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Killed by train on Penn RR</u>	How long <u>166</u>
Immediate <u>Killed by train on Penn RR</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>B H Gies (Coroner)</u>	Address <u>Seabrook Md</u>
Accident or Suicide? <u>Accident</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Camp Springs</u>		County <u>St. George</u>		MARYLAND
	Date of death	1906	Month <u>11</u>	Day <u>17</u>	Age <u>60</u> Years Months <u>—</u> Days <u>—</u>
	Sex	<u>Male</u>		Color or Race	<u>Colored</u>
	Occupation	<u>Laborer</u>		Birth-place	<u>md</u>
			Where Residing if not at place of death <u>—</u>		
	Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband <u>Ida Fleet</u>	
	Father's Name	<u>Henry Fleet</u>		Father's Birthplace	<u>md</u>
PHYSICIAN OR CORONER	Mother's Maiden Name	<u>Not known</u>		Mother's Birthplace	<u>—</u>
	Name of person giving information	<u>Ida Fleet</u>		How related to deceased	<u>wife</u>
	CAUSES OF DEATH				
	Primary	<u>Influenza</u>		How long	<u>8 days</u>
Immediate	<u>thraciema</u>		How long	<u>3 days</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
Accident or Suicide?					





Name  
in  
Full

Un named. Sabrely

CERTIFICATE OF DEATH

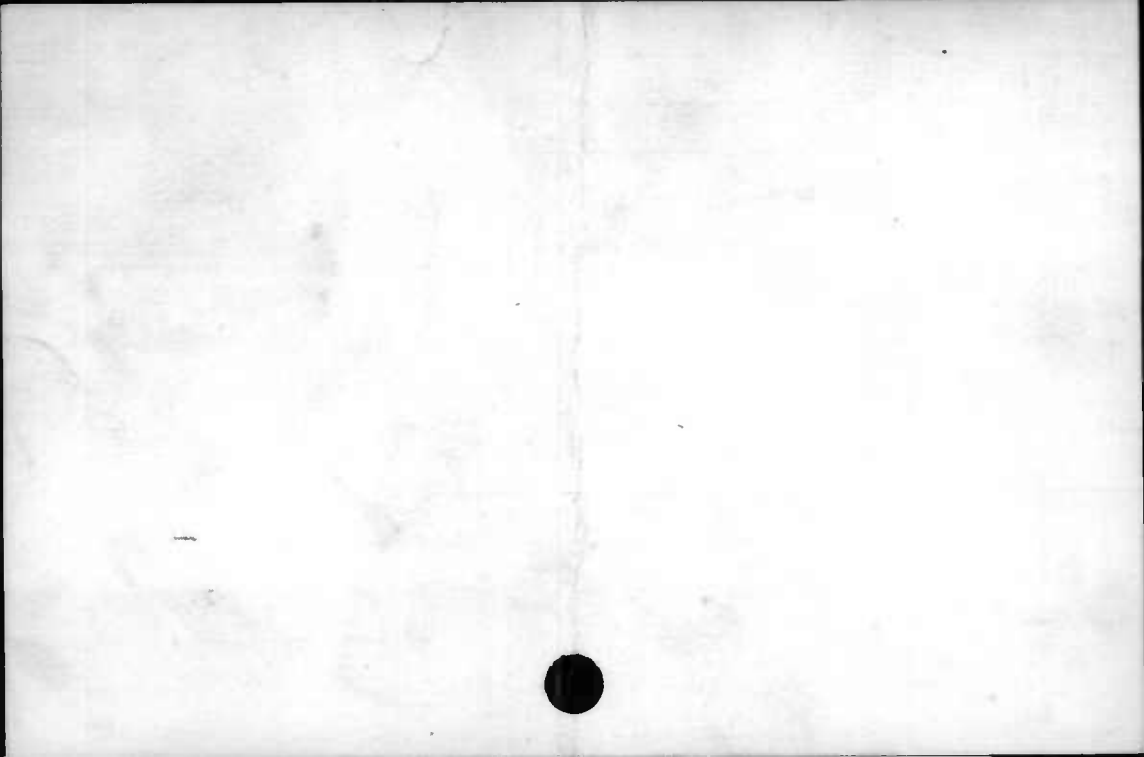
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sauril</i> <sup>Town</sup> <i>md</i> <sup>County</sup> <i>Pring George</i>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Jan</i> <sup>Day</sup> <i>40</i> <sup>Years</sup> <i>all born</i> <sup>Months</sup> <i></i> <sup>Days</sup> <i></i>			
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Danvers</i>	
Occupation <i>Chuch</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>		
Father's Name <i>Serge Gabriel</i>	Father's Birthplace <i>Annapolis, Md</i>		
Mother's Maiden Name <i>Catharine Newmann</i>	Mother's Birthplace <i>Sauril</i>		
Name of person giving information <i>George Sabrely</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i></i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. H. Ryans</i>
	Address <i>Sauril md</i>
Accident or Suicide? <i></i>	



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Samuel R. Gallahan</i>		Town <i>Fort Washington</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>79</i>		<i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Virginia Williams</i>					
Father's Name <i>Samuel Gallahan</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>John R. Gallahan</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of age. (81)</i>	How long
Immediate	<i>Sclerosis of Arteries</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. S. Lurtz</i>
		Address <i>Piscataway Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>		



Name  
in  
Full

Hall;

## CERTIFICATE OF DEATH

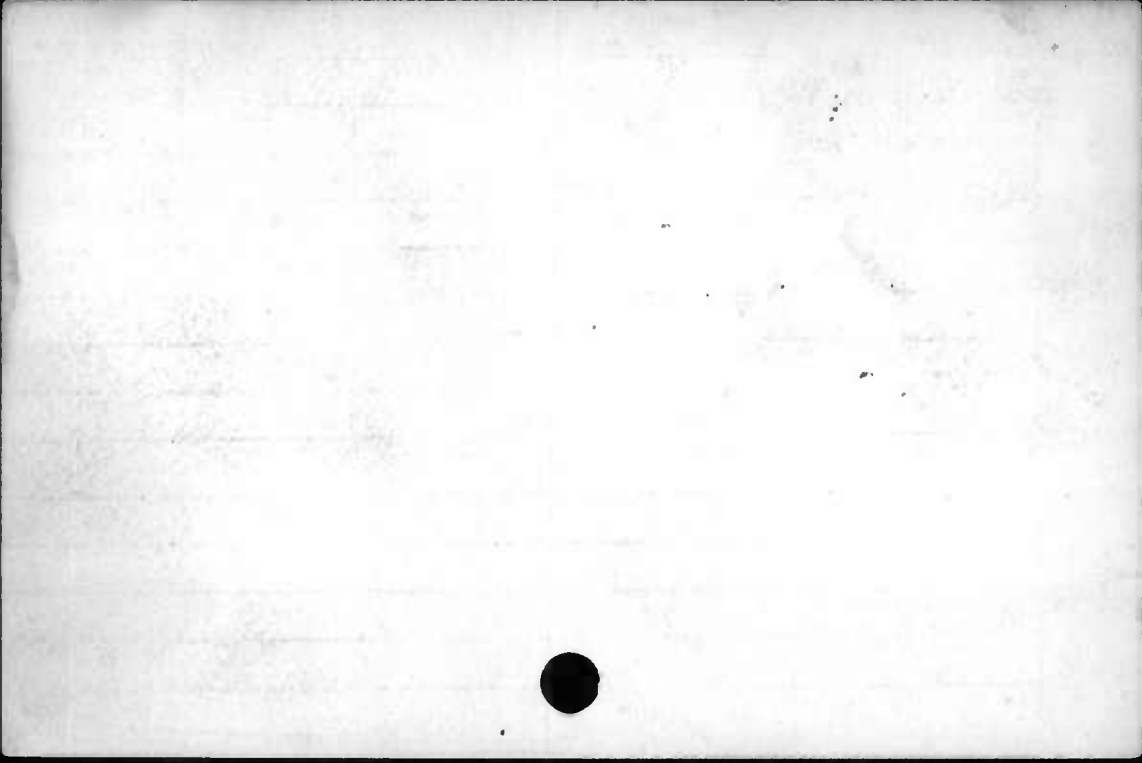
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westphalia</i> <sup>Town</sup>		<i>P. Co.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <sup>Month</sup>	<i>28<sup>th</sup></i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Alfred Hall. S</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Rosa Hayden</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>John Alfred Hall.</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born. S</i>	How long	<i>—</i>
Immediate	<i>"</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>None in attendance</i>	
		Address <i>John E. Sanebury &amp; Co. Forestville, Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Ebron* Town *Cornetts* County *Prince Geo* MARYLAND

Died at *Cornetts*

Date of death 1906 Month *July* Day *14* Age *2* Years Months *2* Days *10*

Sex *Male* Color or Race *Black* Birth-place *P. Geo Co*

Occupation *none* Where Residing if not at place of death *Cornetts*

Married, Single or Widowed *Child* Name of Wife or Husband *none*

Father's Name *William Beale* Father's Birthplace *P. Geo Co*

Mother's Maiden Name *Mary H. Ebron* Mother's Birthplace *P. Geo Co*

Name of person giving information *Mary H. Ebron* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *9 days*

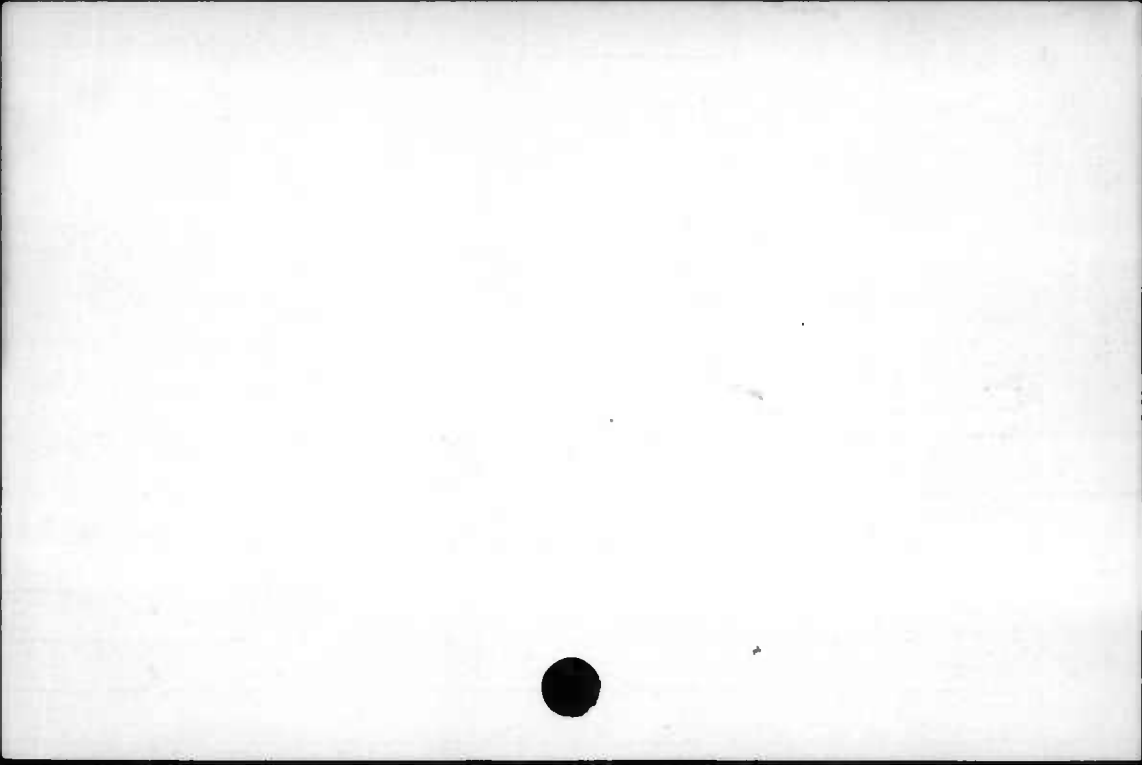
Immediate *93* How long *9 days*

Are the name, age, sex, color, date and place correctly given above? *js*

Signature of Physician *J. J. Rymer*

Address *Daar*

Accident or Suicide? *✓*





Name  
in  
Full

Benjamin Hicks

## CERTIFICATE OF DEATH

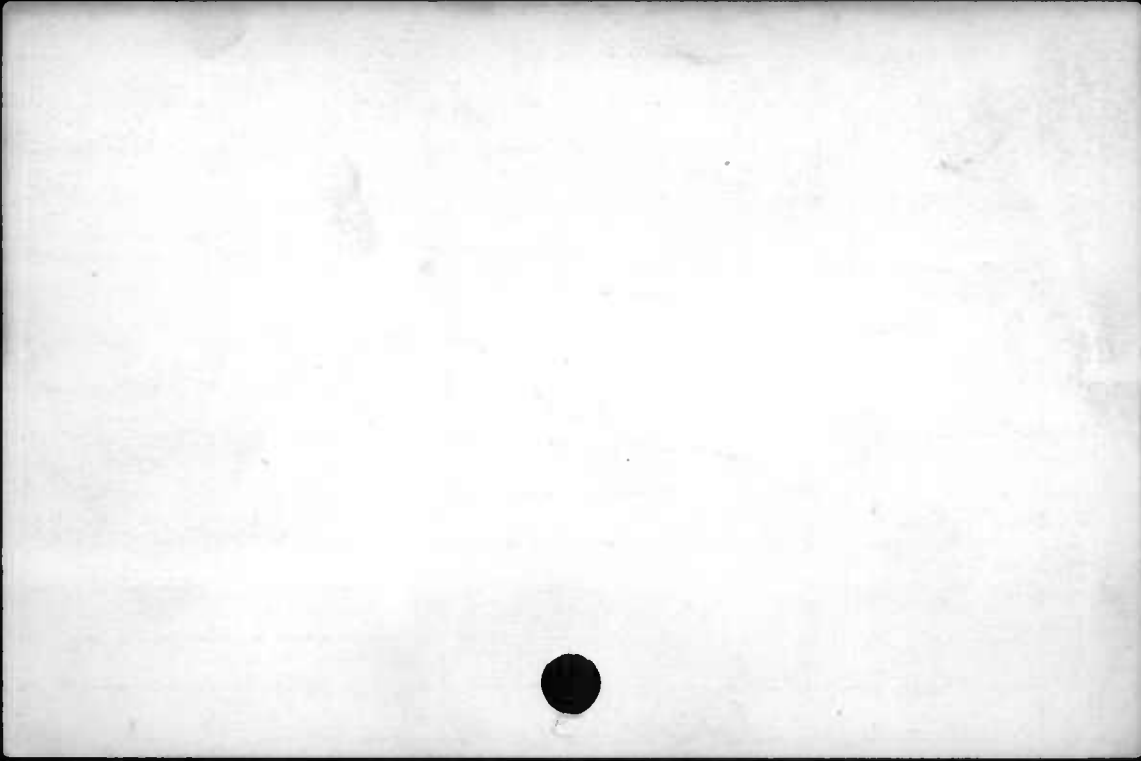
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berwin</i>		Town <i>P. Long</i>		County		MARYLAND	
Date of death	1906	Month	Jan	Day	1	Years	Age 64
Sex	male		Color or Race	Black		Birth-place	Cabot Co Me
Occupation	Farm Hand			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>Ambera Hicks</i>			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>4 years</i>
Immediate	<i>Heart Disease</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. D. Emery M.D.</i>	
		Address <i>College Park</i>	
		<i>Ma</i>	
Accident or Suicide?			



Name  
in  
Full

Wm St Clair Huskell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town T.B.		County P. Gr.		MARYLAND	
Date of death	1906	Month 1	On or Day about 4 <sup>th</sup>	Age	Years 58	Months	Days
Sex	male		Color or Race	white		Birth- place	md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Huskell				Father's Birthplace	md	
Mother's Maiden Name	Susan Gwynn				Mother's Birthplace	md	
Name of person giving information	Alexander Edelen				How related to deceased	Cousin	

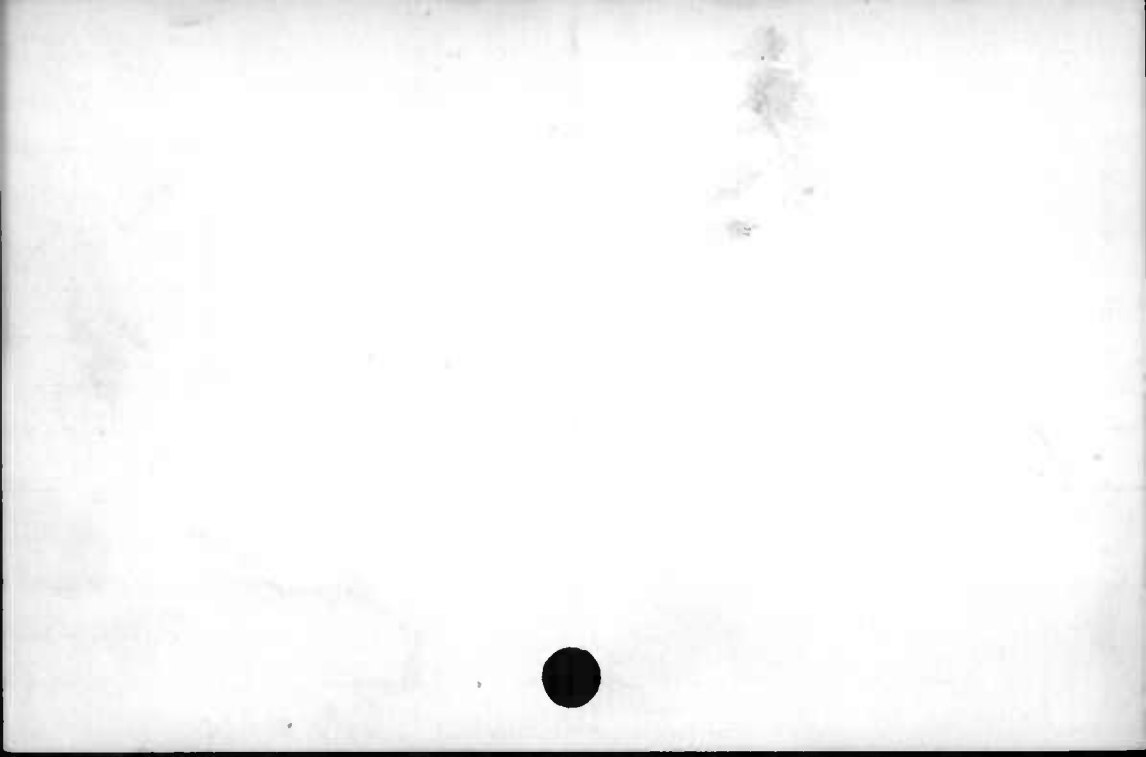
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Suspected to be Congestion of Lungs		How long	Not known
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			John A. Coon	
			T.B. md	
Accident or Suicide?			✓	



Name in Full		Ann Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	
	1906		July	12	Age about 78		
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	Servant		Where Residing if not at place of death		at place of death	
	Married, Single or Widowed			Name of Wife or Husband	not known		
	Father's Name	not known				Father's Birthplace	not known
Mother's Maiden Name	" "				Mother's Birthplace	not known	
Name of person giving information	Mrs. J. Beane				How related to deceased	none	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Suppurative Diaperitis			How long	
						about 4 weeks	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		B. A. J. H. P.		
	as far as I know		Address		Baltimore Md		
Accident or Suicide?							



Name  
in  
Full

Helen L. Johnson

## CERTIFICATE OF DEATH

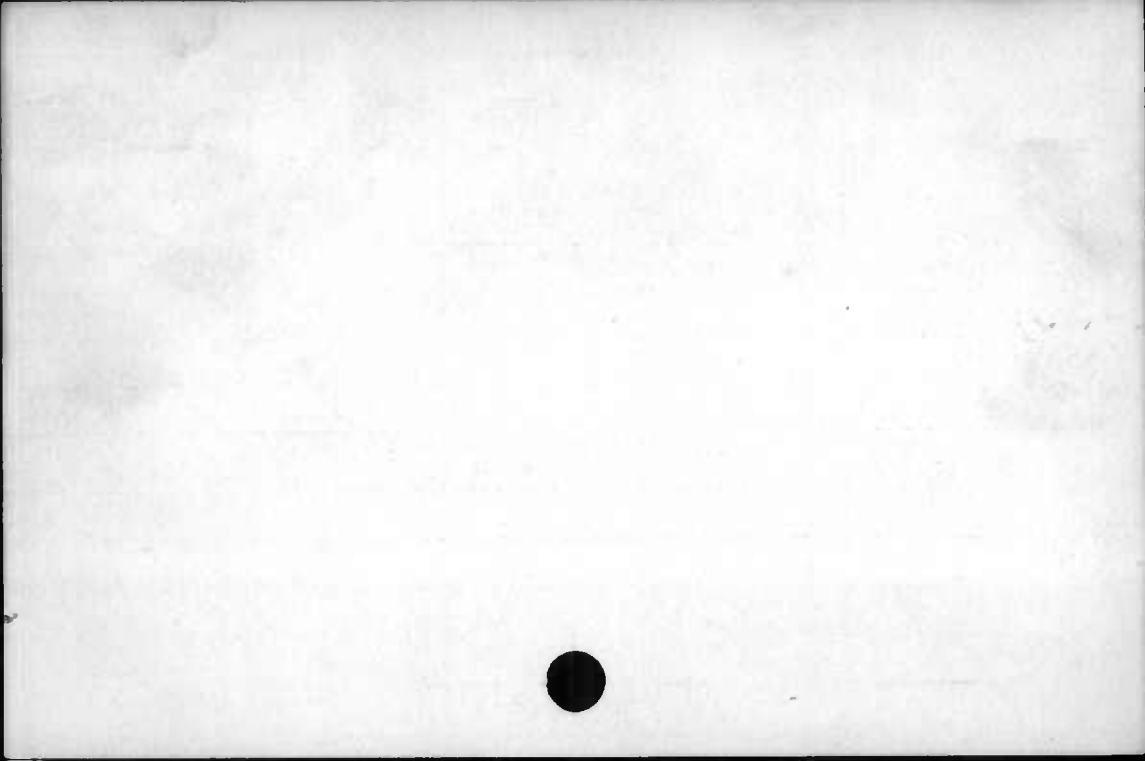
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lakeland</u> <sup>Town</sup>		<u>Prince George County</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906 Jan.</u> <sup>Month</sup>	<u>22</u> <sup>Day</sup>	Age	<u>14</u> <sup>Months</sup>	<u>14</u> <sup>Days</sup>
Sex	<u>female</u>	Color or Race	<u>Colored</u>	Birthplace	<u>Lakeland</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Thomas Johnson</u>			Father's Birthplace	<u>Baltimore Md</u>
Mother's Maiden Name	<u>Bertha Stewart</u>			Mother's Birthplace	<u>Howard County</u>
Name of person giving information	<u>Thomas Johnson</u>			How related to deceased	<u>father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Natural causes</u>	How long	<u>four days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Augustus W. Dahler J.P.</u>
		Address	<u>Bladensburg Md</u>
Accident or Suicide?			





Isabella Johnson

Town

County

Died at

Laurel

Prince George Co.

MARYLAND

Date 19	06	Month	Day	Y.	M.	D.	Native of	Occupation
		Jan	13	Age	28	-	Maryland	House wot 15
<del>Male</del>		<del>White</del>		Married		Widow		<del>Divorced</del>
Female		Colored		<del>Single</del>		<del>Widower</del>		Number of children living 2

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Julius Johnson

Unknown

Mother's  
Maiden Name Unknown

Primary	How long sick
Pneumonia Chronic	18 days
Immediate	Accident, Suicide, Homicide


John Cronmiller Md  
Laurel Md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chillum</i>		Town <i>P.P.</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>21</i>	Years <i>70</i>	Age about		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Laborm</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mabelda Kidwell</i>					
Father's Name <i>Wm Kidwell</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>James Millard</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 12 mo</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John A. Coz</i>
	Address <i>L.B.</i>
Accident or Suicide? <i>✓</i>	<i>Ind</i>



Name  
in  
Full

Martha A Knox

## CERTIFICATE OF DEATH

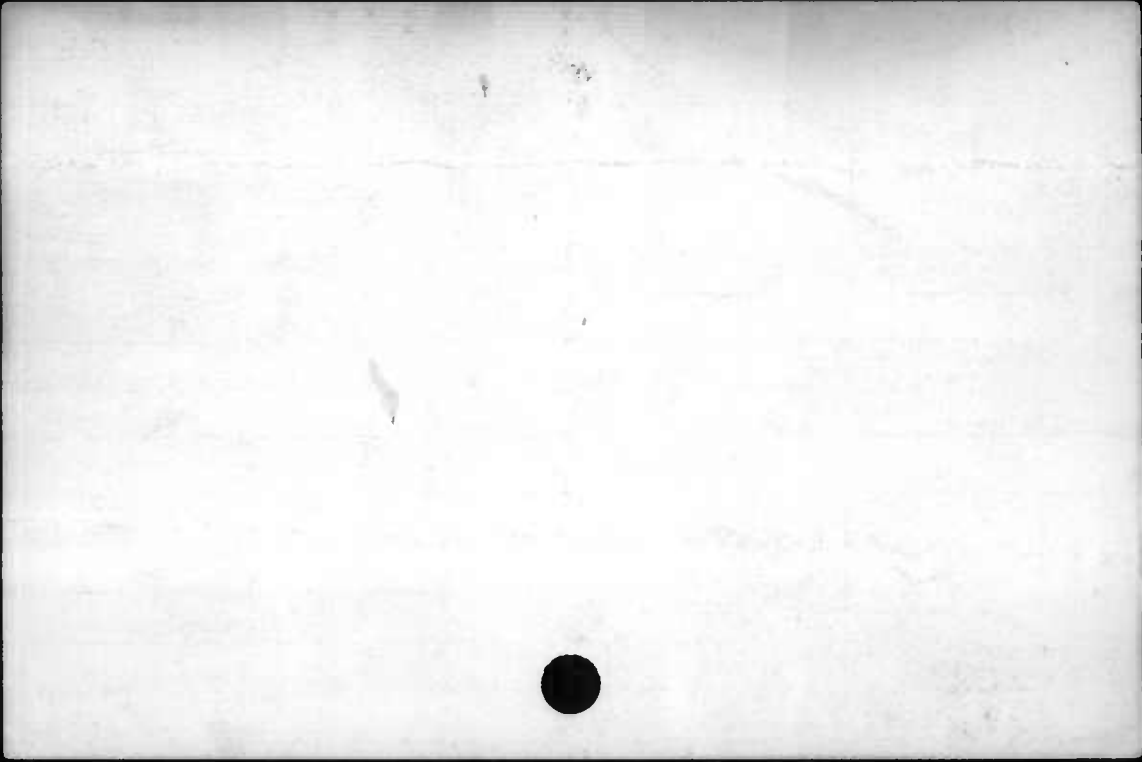
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Columbia Park</i> <small>Town</small>		<i>Prince Geo.</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>Jan</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>74</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>M.d.</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
<del>Married, Single or Widowed</del>	<i>Married</i>	Name of Wife or Husband	<i>Mrs Knox</i>		
Father's Name	<i>S Stone</i>			Father's Birthplace	<i>Boston Mass</i>
Mother's Maiden Name	<i>Ann Knox</i>			Mother's Birthplace	<i>11 "</i>
Name of person giving information	<i>H.H. Knox</i>			How related to deceased	<i>son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>natural causes</i>	How long	<i>sep weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Augustus H. D. Ahler</i>
		Address	<i>acting. Cor.</i>
			<i>Bladensburg Md.</i>
Accident or Suicide?			



Name  
in  
Full

W. Oswald. Latimer

## CERTIFICATE OF DEATH

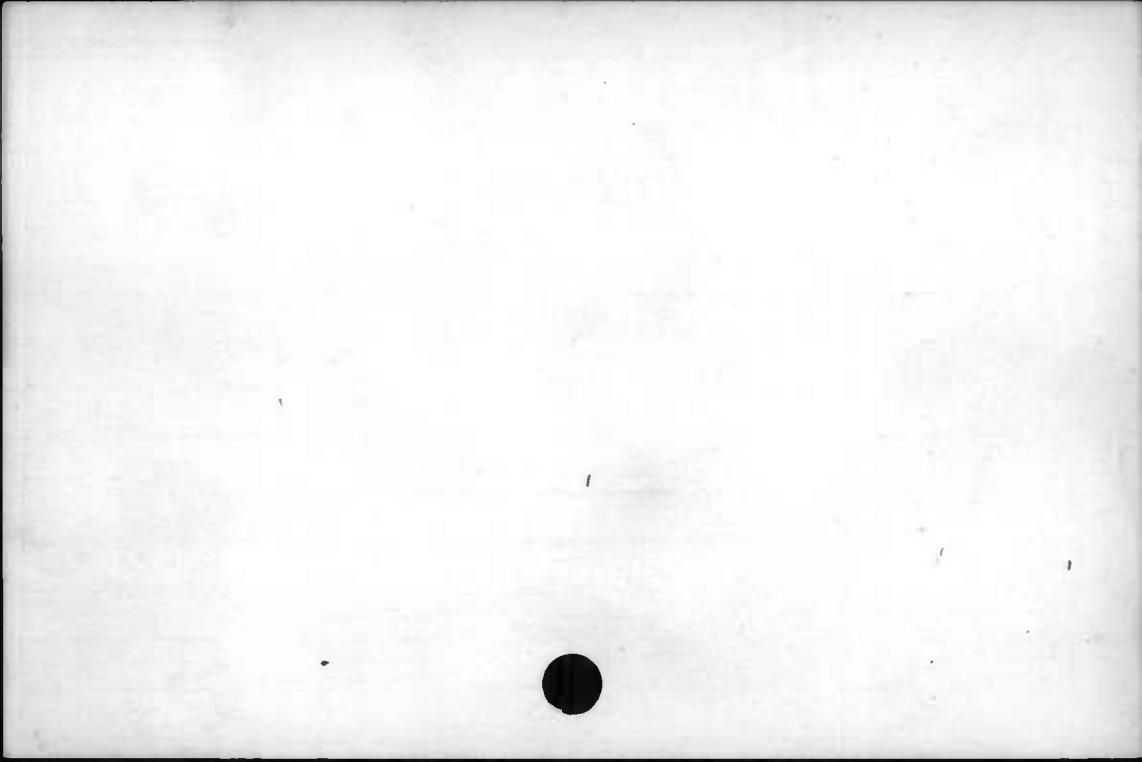
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Silver Hill</i> <sup>Town</sup>		<i>Pr. Geo-</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Jan.</i> <sup>Month</sup>	<i>14<sup>th</sup></i> <sup>Day</sup>	<i>20</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>17</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>J. Wm Latimer</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Elyza R Richardson</i>			Mother's Birthplace <i>Dist Columbia</i>		
Name of person giving information <i>John W Latimer</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Tuberculosis</i>	How long <i>5 Mo.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. A. Pyles</i>
<i>yes</i>	Address <i>Hyattsville DC</i>
Accident or Suicide? <i>—</i>	





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Days  
2 hoursDied at *Wattingham* Town*Lusman 1st* CountyDate of death *1906 Jun* MonthDay *19*

Age Years

Months

Sex *Male*Color of Race *white*

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *W. Homer Layman*Father's Birthplace *Ind*Mother's Maiden Name *Agnes G. Hinson*Mother's Birthplace *Ind*Name of person giving information *W. Homer Layman*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Infantile*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Gibbons*Address *Croom Ind*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Robert Lindzey (M.M.)  
Died at Laurel, Town, St. George's County, Maryland

Date of death 1906 Jan. 15 Age 66 Months 6 Days

Sex Male Color or Race Black Birthplace Kent Island.

Occupation Laborer Where Residing if not at place of death North Laurel.

Married, Single or Widowed Widowed Name of Wife or Husband Levinia Lindzey

Father's Name Robt Lindzey Father's Birthplace Kent Island

Mother's Maiden Name Levinia Miller Mother's Birthplace Broad Neck, Md.

Name of person giving information Mattie Lindzey How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis (64) How long 2 years.

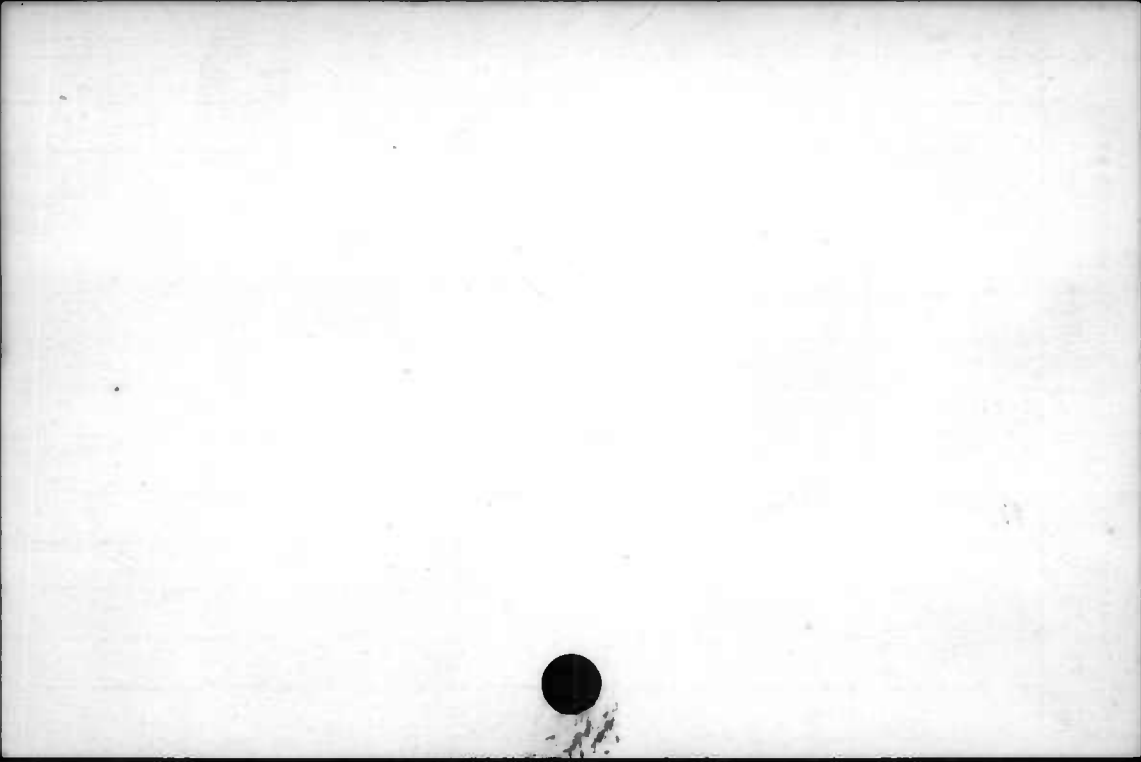
Immediate Cerebral Congestion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. R. [Signature]

Address Laurel

Accident or Suicide? ☒



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of George H. + Julia M. McDowell

Town

County

MARYLAND

Died at

Tuxedo

P. G.

Date

Month

Day

Years

Months

Days

of death 1906

Jan

12

Age

—

Sex

Male

Color or  
Race

White

Birth-  
place

Tuxedo Md

Married, Single  
or Widowed

single

Occupation

Name of Wife or  
HusbandFather's  
Name

George H. McDowell

Father's  
Birthplace

D.C.

Mother's  
Maiden Name

Julia Leahy

Mother's  
Birthplace

Ireland

Name of person giving  
In formation

George H. McDowell

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

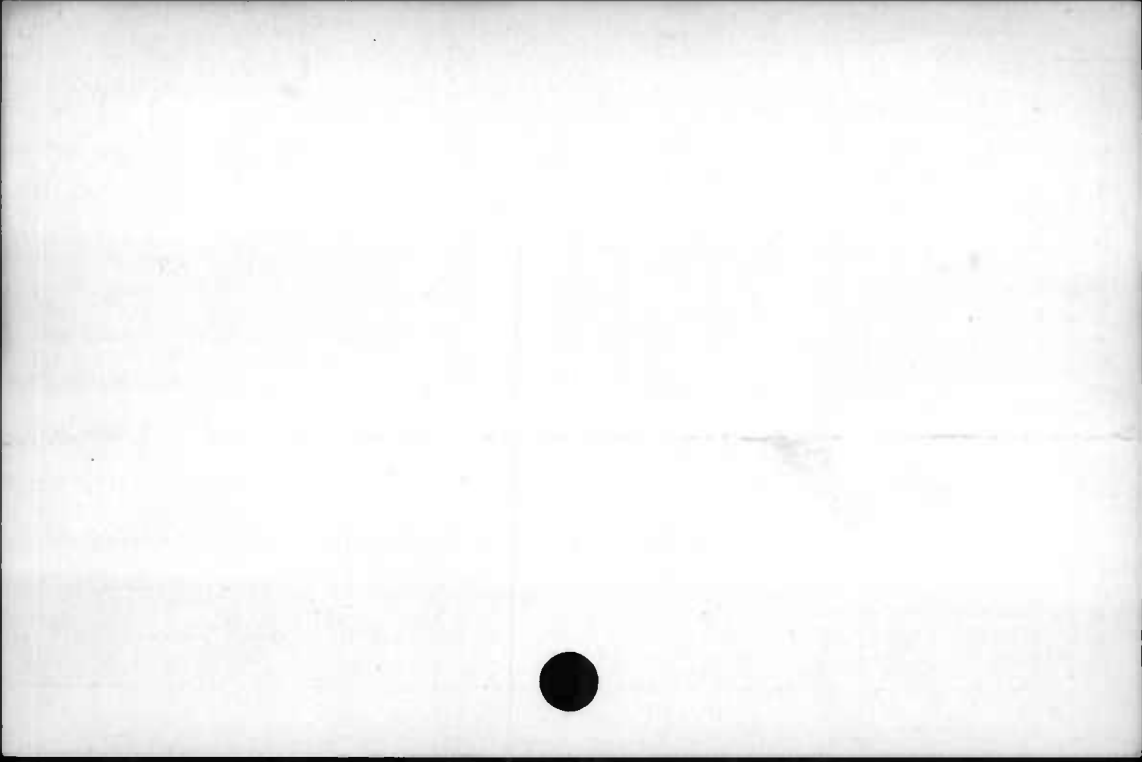
Signature of  
Physician

Address

John D. Orsey  
20 + R. I. Ave. N. E.  
Washington D. C.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Pointsville* Town*P. Co.* CountyDate of death *1904 Jan*Day *25*

Age

Years *38*

Months

Days

Sex

*male*Color or  
Race*White*Birth-  
place*Md.*

Occupation

*Gardner*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Annie Maske*Father's  
Name*Carl Maske*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Henrietta Maske*Mother's  
Birthplace*Germany*Name of person giving  
In formation*Frank Hean*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Fracture of Spine*

How long

*24 hrs.*

Immediate

*acute Paralysis*

How long

*6 hrs.*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*John E. Sanchez M.D.  
Pointsville  
Md.*

Accident or Suicide?





Name in Full		Dr. Alexius L. Middleton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>her</i> <sup>Town</sup> <i>Persantaway</i>		<sup>County</sup> <i>Prince George</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>1</i>	Day <i>8</i>	Age <i>72</i>	Years	Months <i>1</i>	Days <i>—</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Charles Co. Md.</i>		
	Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alzine Perry</i>				
	Father's Name <i>Alexander Middleton</i>			Father's Birthplace <i>Charles Co. Md.</i>			
	Mother's Maiden Name <i>Attawa Jameson</i>			Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Alzine Middleton</i>			How related to deceased <i>Wife</i>				
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Not known. Dead when I</i>			<i>179</i> How long			
	Immediate <i>arrived at the house</i>			How long			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>			Signature of Physician <i>Harry Kelley M.D.</i>			
				Address <i>Acushnet, Md.</i>			
	Accident or Suicide?						



Name  
In  
Full

Peter Pansy.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Kernsmith.</i>		Town <i>P. Co.</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>42</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Austria</i>				
Occupation <i>Hotel Waiter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Pansy.</i>					
Father's Name <i>Stephen Pansy.</i>			Father's Birthplace <i>Austria</i>				
Mother's Maiden Name <i>Miss Gault.</i>			Mother's Birthplace <i>Austria</i>				
Name of person giving information <i>Wife</i>			(79)		How related to deceased <i>Wife.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

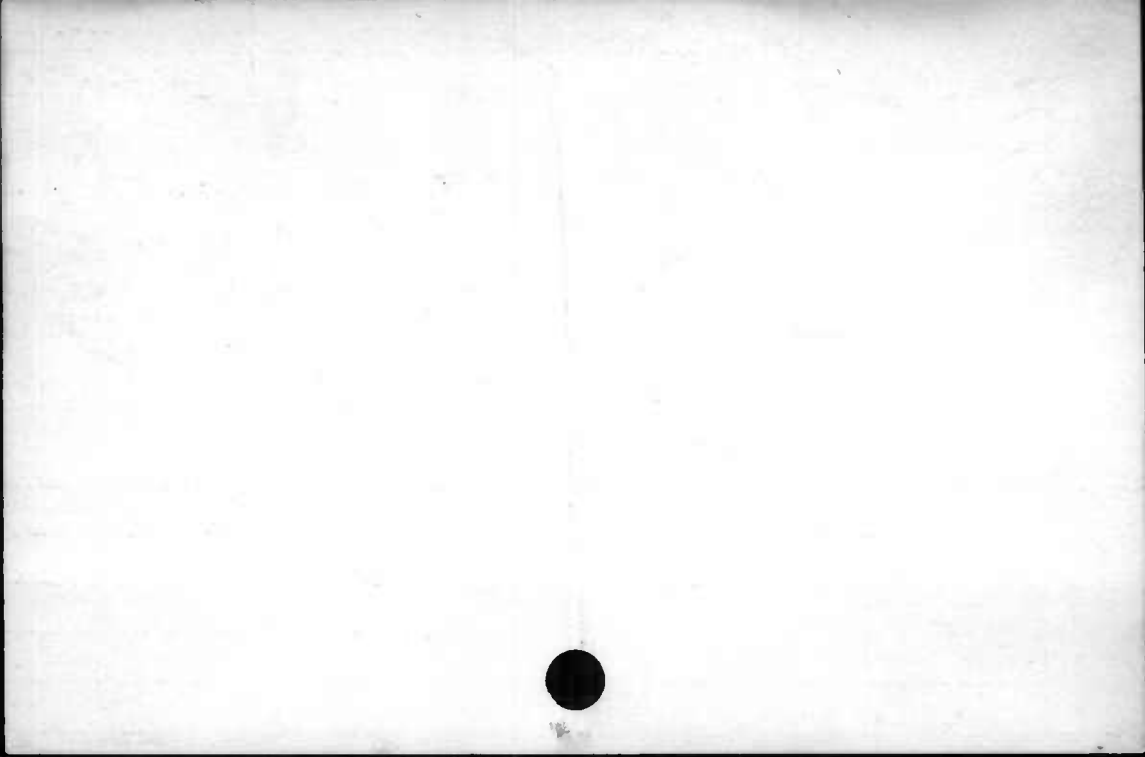
Primary <i>Mitral Regurgitation</i>	How long <i>Long time</i>
Immediate <i>Syncope</i>	How long <i>14 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Brady M.D.</i>
	Address <i>Kernsmith P. Co.</i>
Accident or Suicide?	<i>re. re.</i>



Name in Full <b>Emma. Rebecca Parker</b>		CERTIFICATE OF DEATH	
Died at <b>Marlboro.</b> Town		County <b>Ar Geo</b>	
Date of death <b>1906</b> Month <b>Jan'y</b> Day <b>18</b>		Age <b>63</b> Years Months <b>-</b> Days <b>-</b>	
Sex <b>Female</b>		Color or Race <b>white</b>	
Occupation <b>Housewife</b>		Birth-place <b>A. A. Co Md</b>	
Where Residing if not at place of death <b>-</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>James A. Parker</b>	
Father's Name <b>Thos H. Knighton</b>		Father's Birthplace <b>A. A. Co Md</b>	
Mother's Maiden Name <b>Ellen R. Lee</b>		Mother's Birthplace <b>- " " "</b>	
Name of person giving information <b>Irring Parker</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
Primary <b>Apoplexy</b>		How long <b>3dys</b>	
Immediate <b>gn</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>gn</b>		Signature of Physician <b>W. Griffith</b>	
		Address <b>Upper Marlboro Md</b>	
Accident or Suicide? <b>✓</b>			



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Branchville</i>		County <i>Prince George</i>		MARYLAND		
		Date of death <i>1906</i>	Month <i>July</i>	Day <i>15</i>	Age <i>69</i>	Years	Months	Days
		Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
		Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Archibald Riddle</i>					
		Father's Name <i>William Wallace</i>			Father's Birthplace <i>Maryland</i>			
		Mother's Maiden Name <i>Lizzie</i>			Mother's Birthplace			
		Name of person giving information <i>Oliver Riddle</i>			How related to deceased <i>Daughter</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Broncho Pneumonia</i>		(92)		How long <i>10 days</i>		
		Immediate <i>Mitral Insufficiency</i>				How long <i>9 hours</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Steiner</i>				
				Address <i>Beaumont Md</i>				
		Accident or Suicide? <i>—</i>						





Name  
in  
Full

## CERTIFICATE OF DEATH

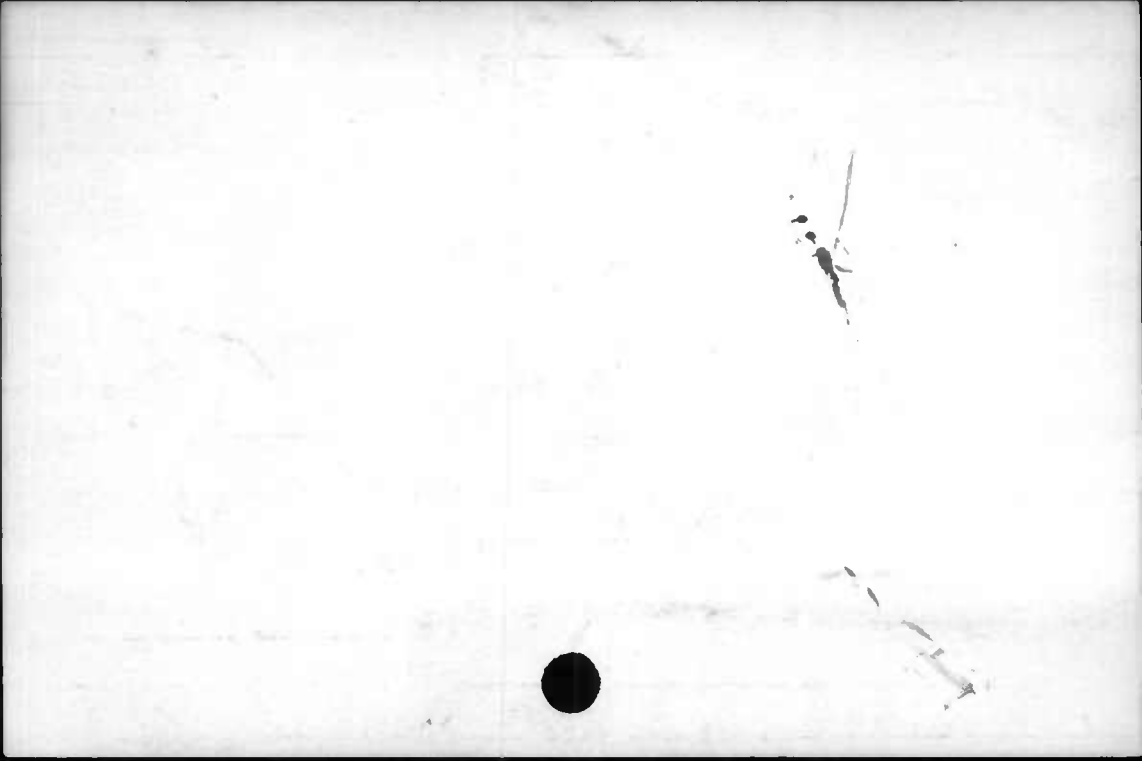
TO BE ANSWERED BY  
NEAREST FRIEND

Josephine Seger						CERTIFICATE OF DEATH	
Died at <i>Watingham</i>				Town <i>Pr Geo</i>		County	
Date of death <i>1906 Jan 17</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>				Birth-place <i>Ind</i>	
Occupation <i>School girl</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Geo. L. Seger</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Harrietta Goldsmith</i>				Mother's Birthplace			
Name of person giving information <i>Andrew Walson</i>				How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles + Pneumonia</i>		How long <i>1 week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Gibbons</i>	
		Address <i>Crown Ind</i>	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Seat Pleasant		D.C.		Maryland		Maryland	
Date of death	1906	Month	1	Day	13	Age	Years
Sex		Female		Color or Race		Colored	
Occupation		None		Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Charles Sprigg		Father's Birthplace		Md.	
Mother's Maiden Name		Mecilla Blauvelt		Mother's Birthplace		Md.	
Name of person giving information		Charles Sprigg		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	How long	3 weeks
Immediate	not known	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Charles Sprigg	
Address		Parent Seat Pleasant.	
Accident or Suicide?		No	

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.....6.

Name  
in  
Full

Addie Stubbs.

## CERTIFICATE OF DEATH

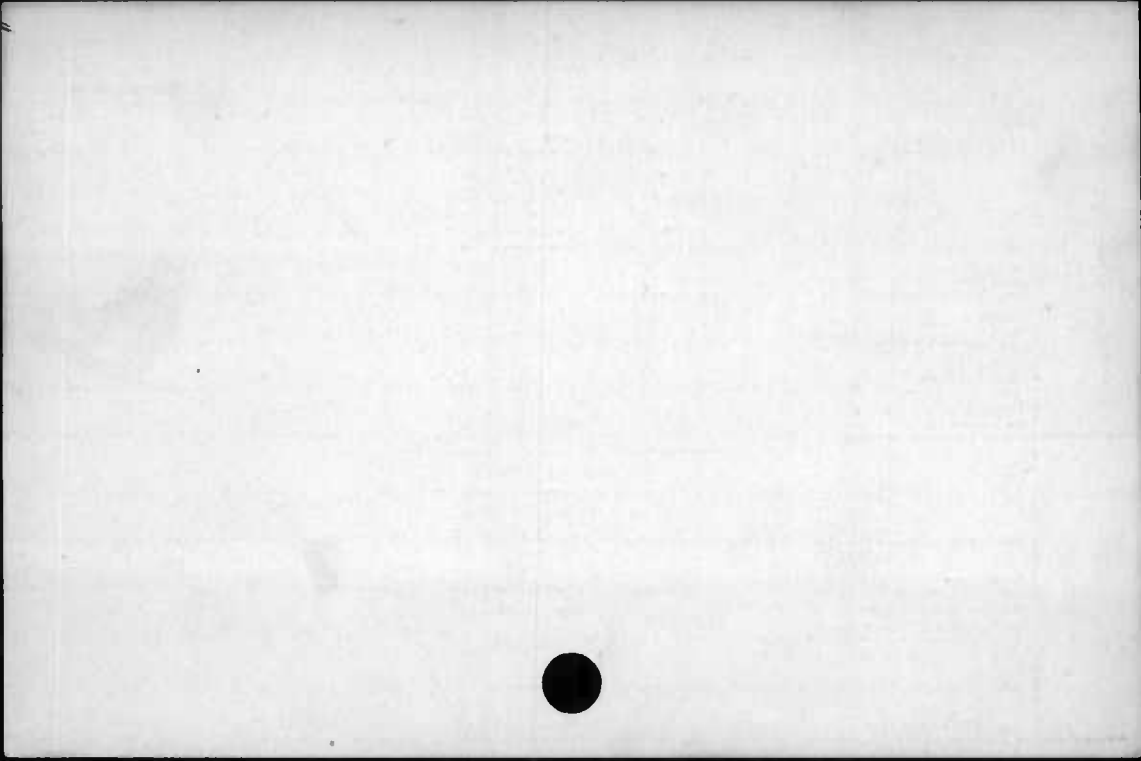
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Bladensburg		Prince George					
Date of death	1906	Month	January	Day	5 <sup>th</sup>	Age	14
Sex	Female	Color or Race	Black	Birth-place	Ida	Months	
Occupation	child	Where Residing if not at place of death					
Married, Single		Name of Wife or Husband					
Father's Name		Prince Stubbs				Father's Birthplace	
Mother's Maiden Name		"Louise"				Mother's Birthplace	
Name of person giving information		The mother				How related to deceased	
						Mother	

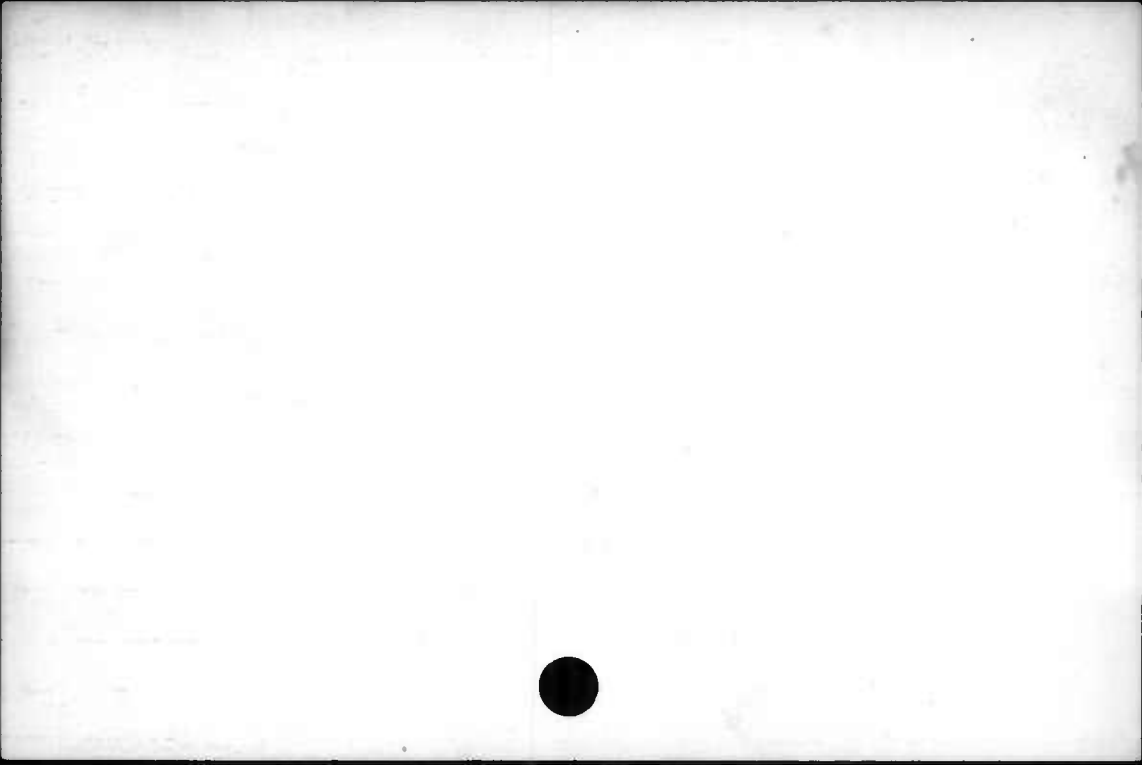
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chlorotic disturbances	How long	Two or three months
Immediate	Marasmus (Exhaustion)	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Theleine 20		W. B. Burdette M.D.	
Address		Hyotheville	
Accident or Suicide?		Ida	



Name in Full		CERTIFICATE OF DEATH			
Nicholas M. Tillman		Town Upper Marlboro		County P.D.	
Died at		MAYLAND			
Date of death		1906	Month 1	Day 12	Age 24
Sex Male		Color or Race Black		Birth- place P. G. D. Ind	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Lucas Tillman		Father's Birthplace P. G. D. Ind			
Mother's Maiden Name Lucy Jackson		Mother's Birthplace P. G. D. Ind			
Name of person giving information Lucas Tillman		How related to deceased Father			
CAUSES OF DEATH					
Primary Phthisis		How long 27			
Immediate Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Randy Jackson			
		Address Upper Marlboro			
Accident or Suicide?		Ind.			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Benz. White</i> Town <i>Callington</i>		County <i>P. G.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>9</i>	Age <i>29</i>	Years <i>29</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Prince George</i>		
Occupation <i>Farm hand</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>William H. White</i>			Father's Birthplace <i>P. G. Md.</i>		
Mother's Maiden Name <i>Harrist West</i>			Mother's Birthplace <i>P. G. Md.</i>		
Name of person giving information <i>William H. West</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several Months</i>
Immediate <i>Admission of the Lung</i>	How long <i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. J. O'Connell M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide? <i>-</i>	

